

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) United We Can		FEC IDENTIFICATION NUMBER ▼ C C00523621	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Terra Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2016	
Mailing Address 100 East Grand Ave. Suite 380		Amount 237500.00	
City Des Moines	State IA	Zip Code 50309	Transaction ID : D366250
Purpose of Expenditure Canvassing Services	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Terra Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 12 / 2016	
Mailing Address 100 East Grand Ave. Suite 380		Amount 12500.00	
City Des Moines	State IA	Zip Code 50309	Transaction ID : D366251
Purpose of Expenditure Canvassing Services	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 12 / 2016	
Name of Federal Candidate DONALD J TRUMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	250000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	250000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gerald Hudson

[Electronically Filed]

Date

MM / DD / YYYY
07 / 14 / 2016

Signature